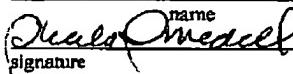


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CENTRAL FAX CENTER

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE DEC 20 2004

APPLICANT:	JUDITH C. ESPEJO ET AL.	)
SERIAL NO.:	09/749,837	)
FILED:	December 28, 2000	)
FOR:	PRE-PAID WIRELESS INTERACTIVE VOICE RESPONSE SYSTEM	) ART UNIT: 2681 EXAMINER: Gary, Erika A.

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Number 703-872-9306 on December 20, 2004  
Sheila Smedick

 name  
signature 12-20-04 date

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Alexandria, VA 22313-1450

AMENDMENT

Applicants respectfully request entry of the following amendment and remarks contained herein in response to the final Office Action mailed August 19, 2004.

Applicants respectfully submit that the amendments and remarks contained herein place the application in condition for allowance.

00157  
BLL-0207

1

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b> Applicant(s): JUDITH C. ESPEJO ET AL				Docket No. 00157 (BLL-0207)	
Application No.	Filing Date	Examiner	Customer No.	Group Art Unit	Confirmation No.
09/749,837	December 28, 2000	Erika A. Gary	36192	2681	RECEIVED S2H
<b>Invention:</b> PRE-PAID WIRELESS INTERACTIVE VOICE RESPONSE SYSTEM  <span style="float: right;">CENTRAL FAX CENTER</span> <span style="float: right;">DEC 20 2004</span>					
<b>COMMISSIONER FOR PATENTS:</b>					
<p>Transmitted herewith is an amendment in the above-identified application.</p> <p>The fee has been calculated and is transmitted as shown below.</p>					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	18 -	20 =	0	x \$18.00	\$0.00
INDEP. CLAIMS	2 -	3 =	0	x \$88.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<p><input checked="" type="checkbox"/> No additional fee is required for amendment.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____</p> <p><input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 06-1130</p> <p><input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.</p> <p><input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038.</p>					
<p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p>					
 <i>Signature</i>					
<p>Dated: December 20, 2004</p>					
<p>David A. Fox Registration No. 38,807 CANTOR COLBURN LLP 55 Griffin Road South Bloomfield, CT 06002 Telephone (860) 286-2929 Facsimile (860) 286-0115 Customer No. 36192</p>					
<p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____</p> <p>(Date) _____</p>					
<p><i>Signature of Person Mailing Correspondence</i></p>					
<p><i>Typed or Printed Name of Person Mailing Correspondence</i></p>					